Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Reform California - Yes on 6		Date of This Filing09/20/2018	Date Stamp	CALIFORNIA 497		
AREA CODE/PHONE NUMBER (619)806-0698	I.D. NUMBER (if applicable 1268914		Report NoLCR-20180919		For Official Use Only	
STREET ADDRESS			Amendment to Report No.	Page 1 of 3		
CITY San Diego	STATE CA	ZIP CODE 92119	(explain below) No. of Pages3			
			·			

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/19/2018	James Hall San Diego, CA 92106	IND COM OTH PTY SCC	Retired N/A	\$1,000.00
09/19/2018	David Herro Miami Beach, FL 33139	IND COM OTH PTY SCC	Investment Management HALP	\$25,000.00
09/05/2018	Allen Jaffe Encinitas, CA 92024	IND COM OTH PTY SCC	Retired N/A	\$500.00

*Contributor Codes	
IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC) OTH - Other	SCC - Small Contributor Committee

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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STREET ADDRESS		Amendment to Report No.	Page 2 of 3			
CITY San Diego	STATE ZIP CODE CA 92119	(explain below) No. of Pages3				
Late Contribution(s) Rec	eived					

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/19/2018	Allen Jaffe Encinitas, CA 92024	IND COM OTH PTY SCC	Retired N/A	\$500.00
09/19/2018	Earl Turner Walnut Creek, CA 94598	IND COM OTH PTY SCC	Retired N/A	\$1,000.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		

*Contributor Codes	
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COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER Reform California - Yes on 6 AREA CODE/PHONE NUMBER (619)806-0698 I.D. NUMBER (if applicable) 1268914 STREET ADDRESS			Date of This Filing 09/20/2018 Report No. LCR-20180919 Amendment to Report No. (explain below)	Date Stamp Page 3 of 3		FORM 497 For Official Use Only			
CITY San Diego		STATE CA	ZIP CODE 92119	No. of Pages3					
Late Contri	ibution(s) Mad	le							
		NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION		AMOUNT OF CONTRIBUTION		DATE OF ELECTION (IF APPLICABLE)	

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC